



# State of New Hampshire

## 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/12/2015

Business ID: 692693

William M. Gardner

Secretary of State

INDEPENDENT CHOICE PET SUPPLY, INC.

43 LOWELL ROAD S106

HUDSON, NH 03051

ADDRESS OF PRINCIPAL OFFICE:

43 LOWELL ROAD S106

HUDSON, NH 03051

REGISTERED AGENT AND OFFICE:

BASS, KAREN M

16 ROBIN DRIVE

HUDSON, NH 03051

ENTITY TYPE: CORPORATION

BUSINESS ID: 692693

STATE OF DOMICILE: NEW HAMPSHIRE

Distribution of Pet Supplies

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☒

The new principal office address 28 Hampshire Drive, Hudson, NH 03051

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Karen Bass

STREET 43 Lowell Road  
Suite 106

CITY/STATE/ZIP Hudson Nh 03051

V-PRES. Karen Bass

STREET 43 Lowell Road  
Suite 106

CITY/STATE/ZIP Hudson Nh 03051

TREAS. Karen Bass

STREET 43 Lowell Road  
Suite 106

CITY/STATE/ZIP Hudson Nh 03051

SEC. Y. Karen Bass

STREET 43 Lowell Road  
Suite 106

CITY/STATE/ZIP Hudson Nh 03051

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Karen Bass

STREET 43 Lowell Road  
Suite 106

CITY/STATE/ZIP Hudson Nh 03051

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Karen Bass

Please print name and title of signer:

Karen Bass

/

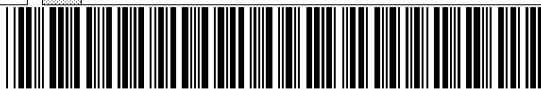
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



069269320151004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301